512.91 (e) Waiver to Begin a Conservation Practice Letter

VIA CERTIFIED MAIL: RETU	JRN RECEIPT REQUESTED	
DATE		
(Name and address of applicant)		
Dear (applicant name)		
This notice provides the waiver requested on [enter the date of the this practice in a timely manner	ne request]. This approval is ba	sed on your desire to complete
This waiver is contingent upon of the date this waiver is approved. (program) payments if any of the	Also, you are advised that you	e not started this practice before a will be ineligible to receive any
	I. d in a manner that meets NRCS t included in the approved cons	
This waiver will expire on will not be reimbursed for any experience.	If your contract xpenses associated with implen	is not approved by this date, you nenting the practice.
	waiver is applicable only to the ither the [enter program acrony	starting date for the practice and m] contract you have applied for
If you have any questions, please the Field Office.	e continue to work with	, District Conservationist, in
This waiver is not appealable as regulatory citation]. If you disagnowever, request a review of appropriate the Regional Office.	gree with the terms and condition	-
(The following addresses are proprovide in the letter):	ovided for NRCS use. Select th	e one applicable to your State to
Eastern Region of NAD	Southern Region of NAD	Western Region of NAD
William Crutchfield,	Duane Sinclair, Assistant	Patricia Leslie, Assistant
Assistance Director	Director	Director
8909 Purdue Road	P.O. Box 1508	755 Parfet Street, Suite 494
Indiananalia IN 16260	Condava TN 20000	Labrage of CO 90215 5506

Sincerely,

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State Conservationist

cc: DC

AC or ASTC for Field Operations